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ing thus gained will also prove of great value to the officers in their regular work.

By holding a commission in the Reserve of the Public Health Service an officer renders himself liable to considerable personal sacrifice, but gains the opportunity to perform a patriotic duty by holding himself in readiness to serve whenever and wherever called. The experience acquired while on active duty and the association with other officers, many of whom are experts in their special lines of work, are advantages which compensate in some degree for the temporary character of the duty.

THE PHYSICIAN'S RESPONSIBILITY IN DIPHTHERIA.

In a study of 1,000 deaths from diphtheria recently made by the Massachusetts State Board of Health¹ evidence is presented which shows that for various reasons the abundant fund of useful knowledge which medical science has at its disposal for dealing with diphtheria is still utilized far too little. Especially discouraging, after the many years of exhortation to call a doctor at once, is the fact that in over 23 per cent of the cases the patient had been ill a week before the physician was called. In 4.2 per cent the patients had been ill from one to two weeks before they received medical attention.

It is also surprising to find that in a populous State like Massachusetts, where laboratory facilities as well as antitoxin and Schick outfits are conveniently available, 7.6 per cent of the deaths should have occurred in "unrecognized" cases. Apparently this denotes carelessness on the part of the medical profession. It is certain, as the Massachusetts State health authorities point out, that health authorities have a right to expect that the diagnostic and therapeutic facilities which they furnish be utilized by the practicing physicians to effect a diminution of the morbidity and mortality of diphtheria.

Inquiries as to the dosage and use of diphtheria antitoxin also indicated that physicians were not utilizing this remedy in accordance with the best experience. In a number of the fatal cases studied the physician had delayed antitoxin treatment by waiting for a laboratory confirmation of the diagnosis. In not a single instance was the antitoxin given intravenously, and this despite the fact that in several cases antitoxin was administered every four hours until death occurred, in one instance a total of 80,000 units being given in this way. That the complaint of the Massachusetts State health authorities is not only well justified, but that it probably voices a legitimate indictment of a part of the medical profession generally, is indicated by the fact that a very similar complaint was

¹ Boston M. and S. Journal, Jan. 18, 1919.

made by the New York City health authorities a year or two ago. With a diagnostic laboratory service unsurpassed, and with Schick test outfits, antitoxin serum, and active immunization outfits practically at their elbow, the physicians of New York were charged with insufficient or delayed utilization of these aids, and with responsibility in the continued prevalence of fatal cases of diphtheria.

It is possible that a thorough investigation of every fatal case of diphtheria, with a request for an explanation by attending physician, might serve to make those who are now negligent in their management of cases of diphtheria exercise greater care and thus lead to a saving of life.

In any event the analysis here presented indicates strikingly the need for more extended and thoroughgoing education, not only of the medical profession, but also of the general public. After all, this is the final solution of so many of our health problems, and it should be encouraged and urged by health administrators everywhere.

THE NOTIFIABLE DISEASES.

DISEASES AND CONDITIONS REQUIRED TO BE REPORTED IN THE SEVERAL STATES.

Owing to the demand for the publication of the data given in the accompanying table showing the diseases required to be reported in the several States, it is reprinted at this time. The table has been brought up to date as to the States requiring the reporting of venereal diseases, but it has not been revised since January 1, 1917, as to other diseases. It is not believed, however, that there have been any great changes since then, except with regard to influenza. Information received by the Public Health Service indicates that this disease has been made reportable in most of the States.

The table on page 238 shows the methods of reporting venereal diseases in the several States. It will be noted that only six States require that the names of venereally infected persons be reported at once by the physicians. The usual method is by serial number only unless the patient discontinues treatment prior to reaching the non-infectious stage or the patient willfully or carelessly fails to observe the precautions necessary to prevent the spread of infection to other persons.

Thirteen States have a bureau or division of venereal-disease control as a part of their State health organization. In others the work is carried on as a part of the division of communicable-disease control or in some other manner.